

ALTERNATE HOUSEHOLD INCOME FORM

SECTION 1: STUDENT INFORMATION

- List all scholars in the household, through grade 12 even if they attend a different school.

2024-25 Alternate Household Income Form	Complete one form per household.
Your school participates in the Community Eligibility Provision, which means all students qualify for free meals. However, to determine eligibility to receive additional benefits beyond free meals for your child(ren) and school, please complete this alternate household income form. Return this form to: The Lincoln Academy	

Section 1: Student Information						
Instructions: List all students in the household, through grade 12. If any child you are listing is a foster child; homeless, migrant, or runaway; or attends Head Start, please check the appropriate box.						
Student's First Name	Student's Last Name	Grade	School Child Attends	Foster	Homeless, Migrant, or Runaway	Head Start
John	Smith	4	TLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Katrina	Smith	8	ABC ELEMENTARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If more spaces are required for additional names, please attach on another sheet of paper.

SECTION 2: HOUSEHOLD INCOME

- FIRST select the total number of people in your household. Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- THEN follow the arrows across that row and select ONE box that represents the range of annual household income. See Example below.

Section 2: Household Income										
Instructions: Your household size is the total number of people, including all children and adults, related and un-related, that live in a single dwelling and share income and expenses. Please mark your household size and then select the applicable yearly total household income range under the number of people in the household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.										
Household Size	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8		
Income Range	<input type="checkbox"/> \$0 up to \$27,861.00	<input type="checkbox"/> \$0 up to \$37,814.00	<input type="checkbox"/> \$0 up to \$47,767.00	<input checked="" type="checkbox"/> \$0 up to \$57,720.00	<input type="checkbox"/> \$0 up to \$67,673.00	<input type="checkbox"/> \$0 up to \$77,626.00	<input type="checkbox"/> \$0 up to \$87,579.00	<input type="checkbox"/> \$0 up to \$97,532.00		
	<input type="checkbox"/> \$27,861.01 or more	<input type="checkbox"/> \$37,814.01 or more	<input type="checkbox"/> \$47,767.01 or more	<input type="checkbox"/> \$57,720.01 or more	<input type="checkbox"/> \$67,673.01 or more	<input type="checkbox"/> \$77,626.01 or more	<input type="checkbox"/> \$87,579.01 or more	<input type="checkbox"/> \$97,532.01 or more		
If your household has 9 or more people, please enter your information here:				Household Size:		Yearly Household Income:	\$			

SECTION 3: SHARING OF INFORMATION FOR LOCAL PROGRAMS

- The information on this form may be shared with other programs that your child(ren) may qualify for only with your permission. Information will only be shared with the program if you check the box.

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The information on this form may be shared with other programs that your child(ren) may qualify for only with your permission. Information will only be shared with the program if you check the box.	
<input checked="" type="checkbox"/>	Yes! I DO want school officials to share information from this form with SHOP WITH A HERO
<input checked="" type="checkbox"/>	Yes! I DO want school officials to share information from this form with SENZ CARE PACKAGES
<input checked="" type="checkbox"/>	Yes! I DO want school officials to share information from this form with TOY DRIVE
<input checked="" type="checkbox"/>	Yes! I DO want school officials to share information from this form with COMMUNITY HEALTH SYSTEMS
<input type="checkbox"/>	No! I DO NOT want school officials to share information from this form.

SECTION 4: CONTACT INFORMATION AND ADULT SIGNATURE

- Add contact information and Sign.

Section 4: Contact Information and Adult Signature				
I certify (promise) that all information on this form is true, and that all income is reported.				
Signature		Print Name		
Street Address	123 My Way Lane	Apt#		
City	Beloit	State	WI	Zip Code 53511
Phone Number	608-123-4567	Email Address	myabc@tla.com	